10/01/97 (13d) REHABILITATIVE SERVICES (Continued)

## School-Based Nursing Services

Nursing coverage can include services such as catheterizations, tube feeding, maintenance of tracheostomies, oxygen administration, limited nursing examinations, assessments and treatments, specimen collection, ventilator care, and monitoring and consultation/medical activities with staff, parents/guardians, students or pertinent medical professionals such as physicians. Nursing coverage is limited to those services related to a student's individual educational plan (IEP) or family support plan (FSP).

Medication administration will include the dispensing of the medication and necessary documentation of oral, and/or inhalator medications. A licensed registered nurse (RN) and licensed practical nurse (LPN) may administer the medication within their scope of practice.

Services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice, per 42 CFR 440.130. All requirements of 42 CFR 440.130 will be met.

Services may be rendered by or under the direction of a licensed registered nurse (RN) as allowed by state licensure laws, and must be within the scope of the professional practice act.

Licensed practical nurses (LPN) may render services as allowed by state licensure laws and under the professional practice act, if under the supervision of a registered nurse.

Nurses are required to have experience in providing services in school settings to Medicaid eligible children with multiple medical needs. Providers must be able to access children in school settings and must establish linkages in order to coordinate and consult with school authorities, as well as families, to assess a child's medical needs and identify treatment options.

Medicaid will cover the services of a school health aide under the supervision of a registered nurse. The nurse practice act allows supervision of school health aides from off-site locations but patient specific training of health aides must be face-to-face.

The credential requirements for an aide are that each aide must have completed the following courses/training through or by the school district:

- · Cardiopulmonary resuscitation,
- · First aid,
- Medication administration, and
- Patient specific training.

School districts will be the Medicaid provider of services provided in the school setting. However, the state Medicaid agency will require school districts to verify that school-based treating registered nurses and licensed practical nurses are licensed. The state Medicaid agency will require an agreement with each school district to this effect and will monitor this factor.

Medicaid recipients whose need for medically necessary services is not documented in an IEP or IFSP may receive the services at school, but Medicaid cannot reimburse for those services unless they are receiving services due to Part B or Part H of the Individuals with Disabilities Education Act (IDEA) or Title V due to the free care policy.

Amendment 97-22 Effective 10/1/97 Supersedes 97-14 Approved 9 4 96

7/1/98 REHABILITATIVE SERVICES (Continued)
(13d) School-Based Nursing Services by County Health Departments

County Health Departments will only provide nursing services on the school campus and in the student's home that are not reimbursable under the clinic services program. Nursing services under the rehabilitative services program include the basic nursing care students require while they are in the school or in school home-bound programs.

Medication administration will include the dispensing of the medication and necessary documentation of oral, and/or inhalator medications. A licensed registered nurse (RN) and licensed practical nurse (LPN) may administer the medication within their scope of practice.

Services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice, per 42 CFR 440.130. All requirements of 42 CFR 440.130 will be met.

Services may be rendered by or under the direction of a licensed registered nurse (RN) as allowed by state licensure laws, and must be within the scope of the professional practice act.

Licensed practical nurses (LPN) may render services as allowed by state licensure laws and under the professional practice act, if under the supervision of a registered nurse.

County Health Departments will be the paid-to-provider. All of the treating providers, both RNs and LPNs will be enrolled in the Medicaid program as treating providers.

Amendment 98-12 Effective 7/1/98 Supersedes NEW Approved 9/4/90

- 4/1/91 (4a)
- 1. Screening examinations are scheduled to occur at birth, two months, four months, six months, 9 months, 12 months, 15 months, and 18 months, once per year for the age group two through six years old, and once every two years for children seven through twenty years of age as recommended by the American Academy of Pediatrics and the Florida Pediatric Society. Additional screening examinations are also available upon referral from a healthcare, developmental or educational professional, when factors suggesting the need for EPSDT are presented, or upon the request of the parent/recipient. The periodicity schedule meets the requirements of Section 1905(r) of the Act.

Amendment 93-02 Effective 1/1/93 Supersedes 91-22

Approval Date 4003

- 4/1/91 (10) (12b)
- 2. Dental Services. A direct dental referral is required for every child, 3 years of age and older, or earlier as medically indicated to adhere to the recommendation for preventive pediatric health care as recommended by the American Academy of Pediatrics and the Committee on Practice and Ambulatory Medicines. The periodicity schedule meets the requirements of Section 1905(r) of the Act. Following the initial dental referral, subsequent examinations by a dental professional are recommended every six months or more frequently as prescribed by a dentist or other authorized provider. Orthodontic services require prior authorization to be obtained for medical necessity.

Amendment 93-02 Effective 1/1/93 Supersedes 92-35

0/1/95 (6b) 3. Optometric Services: A specific periodicity schedule has been established as mandated by OBRA 1989 for vision screenings in accordance with the recommendations of the appropriate medical consultants. The schedule for screenings adhere to the Recommendation for Preventative Pediatric Health Care as recommended by the American Academy of Pediatrics and the Committee on Practice and Ambulatory Medicines. The periodicity schedule meets the requirements of Section 1905(r) of the Act.

Amendment 95-20 Effective 10/1/95 Supersedes 93-02

Approval 1-23-96

10/1/90 (13d) REHABILITATIVE SERVICES: Rehabilitative services are limited to psychiatric services provided by or under the recommendation of a Board eligible or Board certified psychiatrist. Medical services may be provided by or under the recommendation of a physician or psychiatrist. Such services are covered only when provided by community mental health centers, comprehensive alcoholism and substance abuse treatment programs licensed pursuant to Florida statue, and other agencies, both public and private, under contract with the Department of Health and Rehabilitative Services to provide community mental health services.

Amendment 90-67 Effective 10/1/90 Supersedes 92-28 Approved 5-12-94

Revised Submission 2/3/94

10/1/90
4. Eyeglasses are limited to one pair per recipient every two years, prior authorization is required for additional pairs and will be granted based on medical necessity. Contact lenses will be provided for limited conditions, and require prior authorization. Replacement of lost or stolen eyeglasses or contact lenses are not reimbursable unless prior authorization has been granted by the state agency based on medical necessity.

Amendment 93-02 Effective 1/1/93 Supersedes 92-43

5. Hearing Services: A specific periodicity schedule has 0/1/95 been established as mandated by OBRA 1989 for hearing screenings (11c) in accordance with the recommendations of the appropriate medical consultants. The schedule for hearing services screening adheres to the Recommendations for Preventative Pediatric Health Care as recommended by the American Academy of Pediatrics and the Committee on Screening and Ambulatory Medicine. The periodicity schedule meets the requirements of Section 1905(r) of the Act.

> Amendment 95-20 Effective 10/1/95 Supersedes 93-02

Approval /-23-96

7/1/91 (12c) 6. Hearing aid devices are limited to those items determined medically necessary by a licensed otolaryngologist, otologist or general physician. A physician or an advanced registered nurse practitioner other than an otolaryngologist or otologist shall refer Medicaid recipients to an audiologist, otolaryngologist or otologist for evaluation and testing. Following the provision of the initial hearing aid, approval can be granted by the state agency based on medical necessity for additional aids.

Amendment 93-02 Effective 1/1/93 Supersedes 91-50

Approval Date APR 22 1993

## 7/1/98 <u>Respiratory Services</u> (6d)

Medicaid recipients under the age of 21 may receive medically necessary respiratory therapy services which are reimbursable to Medicaid enrolled providers. Services must be prescribed in writing by the recipient's primary care physician (or designated physician assistant or advanced registered nurse practitioner) or a designated MD specialist. Services must be provided by a registered respiratory therapist who is licensed by the state of Florida, has met the requirements of 42 CFR 440.60 and has been enrolled as a Medicaid provider. The registered respiratory therapist must administer treatment according to the primary care provider's specific approved written plan of care and written prescription. Florida allows all eligible licensed registered respiratory therapists to enroll as providers to ensure freedom of choice of providers in accordance with 42 CFR 440.70.

Reimbursement for one evaluation or re-evaluation per recipient is allowed every six months. Respiratory therapy visits must be a minimum of fifteen (15) minutes in duration with reimbursement available for a maximum of two individual treatment sessions per day. Exceptions to these limitations may be made based on medical necessity.

Amendment 98-14 Effective 7/1/98 Supersedes 97-19

Approval 10/12/96